



OLINDE FIRM

ATTORNEYS AT LAW

Attorneys
FRED OLINDE*
WESLEY G. BARR†
*Admitted in LA
 †Admitted in LA and FL

REPLY TO MANDEVILLE OFFICE

March 8, 2018

VIA US MAIL

ATTN: NYU Langone Health Privacy Officer
 NYU Langone Orthopedic Hospital
 (fka NYU Hospital for Joint Diseases).
 One Park Ave, 3rd Floor
 New York, NY 10016

RE: Richard Charap
 DOB: 11/07/1949
 Date of Surgery: 02/05/2013

Dear Sir/Ma'am,

We represent Richard Charap with respect to his claims against 3M stemming from the infection he suffered as a result of the Bair Hugger warming blanket used during his surgery. You have been identified as having provided medical treatment or services to this individual and may be in possession of materials or information that relate to this litigation.

Enclosed, please find a signed authorization allowing you to discuss information relating to our client's case. We respect your facility's release of information policies, but we have deadlines fast approaching in this litigation and would greatly appreciate your cooperation in simply identifying the brand of forced air warming device used in our client's surgery at your facility.

The records received from your facility indicate a "Gown flex patient warming std" used during his surgery, and we need confirmation this reference is to a Bair Hugger warming device. We have included a draft affidavit that we ask that a representative at your facility sign and return to us confirming the reference is to a Bair Hugger device. Please return the affidavit or other documentation confirming the referenced device is a Bair Hugger within twenty-one (21) days from receipt of this letter.

Should you have any questions or concerns, please do not hesitate to call our legal nurse on staff, Beth Hagan. Beth can be reached at (985) 605-0262.

Thank you for your prompt attention to this matter.

Sincerely,

THE OLINDE FIRM, LLC

Wesley G. Barr

Enc.



AFFIDAVIT

The undersigned, being first duly sworn, deposed and says:

1. That I am _____, an employee of NYU Langone Orthopedic Hospital (fka NYU Hospital for Joint Diseases).
2. On February 5, 2013, Richard Charap underwent a Right Total Knee Arthroplasty during which the Bair Hugger Forced Air Warming Blanket was used.
3. The "Gown flex patient warming std" noted in the billing record for this procedure refers to a Bair Hugger device.

Further, affiant sayeth not.

Date the _____ day of _____, 20_____.

Signature: _____

Printed Name: _____

Executed this ____ day of _____, 20__

State of _____)

County of _____)

On this ____ day of _____, 20____, before me personally appeared _____, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to in this document, and who acknowledged that he/she signed the above/attached document.

Notary Public

Commission Expires

HIPAA-COMPLIANT AUTHORIZATION FOR RELEASE OF INFORMATION
(PURSUANT TO 45 C.F.R. 164.508)

Medical Provider Name: NYU Langone Orthopedic Hospital / aka NYU Hospital for Joint Diseases
 Patient Name: Richard Charap
 Date of Birth: 11/7/1949
 Address: 2400 Deer Creek Country Club Blvd. #508 Deerfield Beach, FL 33442
 Dates of care: 2/5/2013

I authorize and direct Covered Entity to disclose and to supply copies of my protected health information described below to any member of The Olinde Firm and its designated agents. The purpose of this request is for records to be used for Legal Review and Evaluation.

Information to be disclosed:

<input type="checkbox"/> All Medical Records in entirety including 3 rd Party	<input type="checkbox"/> All Autopsy Records
<input type="checkbox"/> All Laboratory & Test Result Records	<input type="checkbox"/> All Doctor/Nurse Handwritten Notes
<input type="checkbox"/> All Operative Reports	<input type="checkbox"/> All Admission/Discharge Records
<input type="checkbox"/> All Radiology Records inc. Films, Scans, & Videos	<input type="checkbox"/> All Billing Records/Information
<input type="checkbox"/> All Medication/Pharmacy Records	<input type="checkbox"/> All Dialysis Records
<input type="checkbox"/> All ER/Outpatient Records	
<input checked="" type="checkbox"/> Other: <u>confirmation of Bair Huger Warning Device</u>	

UNDERSTANDINGS:

1. I understand that this consent may be revoked in writing at any time, with the exception and to the extent that disclosure of information has already occurred prior to the receipt of revocation by the above-named provider.
2. If written revocation is not received, authorization will be considered valid for a period of time not to exceed 24 months from the date of signing. To initiate revocation of this authorization, direct all correspondence to the "Specific Requestor" above.
3. I understand that, pursuant to 42 C.F.R. 2.31, this consent is to include disclosure of: Alcohol and/or Drug Abuse Records, Psychiatric Records, Sexually Transmitted Disease Information, and HIV/AIDS Information.
4. I understand that a photocopy of this authorization is to be considered valid as the original.
5. I understand that the information used or disclosed pursuant to this authorization may be transmitted electronically and may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law (45 C.F.R. 164.508).
6. I understand that I have the right to refuse to sign this authorization and that I am signing this authorization voluntarily and that treatment, payment, enrolment, or eligibility for benefits may not be conditioned on obtaining the authorization. (45 C.F.R. § 164.508(c)(2)(ii)).
7. I understand I have the right to receive a copy of this authorization and any records obtained with its use.

Richard P Charap
 Signature of Patient (or Personal Representative)

Dated: 3/8/2018

RICHARD P CHARAP
 Printed Name of Patient
 (or Personal Representative)

Authority to Sign for Patient (Documents Attached):

- ☐ Parent of Minor Child
☐ Power of Attorney
☐ Representative of Deceased's Estate
☐ Representative of Incapacitated Adult

NYU HOSPITAL CENTER

550 FIRST AVENUE
NEW YORK, NY 10016-6402
Tel: (800) 237-7951

Tax ID: 13-3971298

External Procedure Code	Description	Service Date	Quantity	Amount	Rev Code	CPT*/HCPCS Code
1010005	HC RB SEMIPRIVATE 2B MED/SURG/GYN	2/5/2013	1	\$4,025.00	0121-MED-SUR-GY/2BED	
1010005	HC RB SEMIPRIVATE 2B MED/SURG/GYN	2/6/2013	1	\$4,025.00	0121-MED-SUR-GY/2BED	
1010005	HC RB SEMIPRIVATE 2B MED/SURG/GYN	2/7/2013	1	\$4,025.00	0121-MED-SUR-GY/2BED	
2022207	HC THER/PROPH/DIAG INJ, SC/IM	2/6/2013	1	\$237.00	0260-IV THERAPY	96372 (CPT*)
2022207	HC THER/PROPH/DIAG INJ, SC/IM	2/6/2013	1	\$237.00	0260-IV THERAPY	96372 (CPT*)
2022207	HC THER/PROPH/DIAG INJ, SC/IM	2/7/2013	1	\$237.00	0260-IV THERAPY	96372 (CPT*)
2022207	HC THER/PROPH/DIAG INJ, SC/IM	2/7/2013	1	\$237.00	0260-IV THERAPY	96372 (CPT*)
2022207	HC THER/PROPH/DIAG INJ, SC/IM	2/8/2013	1	\$237.00	0260-IV THERAPY	96372 (CPT*)
6020814	HC IV INFUSION TUBING	2/5/2013	1	\$17.19	0270-MED-SUR SUPPLIES	
6010000	GOWN FLEX PATIENT WARMING STD	2/5/2013	1	\$137.24	0270-MED-SUR SUPPLIES	
6010000	DERMABOND ADVANCED SKIN ADH	2/5/2013	1	\$209.03	0270-MED-SUR SUPPLIES	
6010000	MANIFOLD NEPTUNE 2.4 PORT	2/5/2013	2	\$233.02	0270-MED-SUR SUPPLIES	
6010005	TROCAR PIN 1/8" X 3IN	2/5/2013	1	\$247.58	0278-SUPPLY/IMPLANTS	
6010005	PRO-BONE HEADED SHORT	2/5/2013	1	\$443.56	0278-SUPPLY/IMPLANTS	
6010005	BONE CEM 40G SMARTSET HV - MINIMUM ORDER 20 EACHES	2/5/2013	2	\$1,136.90	0278-SUPPLY/IMPLANTS	
6010005	PATELLA RESURFACING 35MM	2/5/2013	1	\$1,816.92	0278-SUPPLY/IMPLANTS	
6010005	INSERT ART RETAINING CURC 9 MM SZ5-6	2/5/2013	1	\$2,952.50	0278-SUPPLY/IMPLANTS	
6010005	BASEPLATE TIBIAL NONPOR SZ 6 RT	2/5/2013	1	\$4,769.42	0278-SUPPLY/IMPLANTS	
6010005	COMPONENT FEM SPC CR RT SZ6	2/5/2013	1	\$9,039.18	0278-SUPPLY/IMPLANTS	
6010001	DRESSING AQUACEL SURG HYDROFIBER 3.5X9.75	2/5/2013	1	\$321.40	0279-SUPPLIES/OTHER	
6010000	MIXER CEMENT BONE EVAC III	2/5/2013	1	\$373.35	0279-SUPPLIES/OTHER	
6010000	SET HANDPIECE INP W CO-AXIAL FAN SPRAY	2/5/2013	1	\$476.99	0279-SUPPLIES/OTHER	
6010001	TOURNIQUET CLIFF SINGLE PORT 44 X 4 IN	2/5/2013	1	\$517.13	0279-SUPPLIES/OTHER	
6010001	BLADE SAGITTAL 25,X1.27X90MM	2/5/2013	1	\$694.40	0279-SUPPLIES/OTHER	
6010001	BLADE SAGITTAL SVS 6.18.OX1.27X90MM	2/5/2013	1	\$694.40	0279-SUPPLIES/OTHER	
6010000	TOTE KNEE REPLACEMENT PACK FHJD	2/5/2013	1	\$3,781.22	0279-SUPPLIES/OTHER	
2021579	HC ASSAY OF TROPONIN, QUANT	2/5/2013	1	\$112.00	0300-LABORATORY OR LAB	84484 (CPT*)
2021579	HC ASSAY OF TROPONIN, QUANT	2/5/2013	1	\$112.00	0300-LABORATORY OR LAB	84484 (CPT*)
2021282	HC METABOLIC PANEL TOTAL CA	2/6/2013	1	\$112.00	0300-LABORATORY OR LAB	84484 (CPT*)
2021282	HC METABOLIC PANEL TOTAL CA	2/5/2013	1	\$87.00	0301-LAB/CHEMISTRY	80048 (CPT*)
2021282	HC METABOLIC PANEL TOTAL CA	2/6/2013	1	\$87.00	0301-LAB/CHEMISTRY	80048 (CPT*)
2021600	HC COMPLETE CBC, AUTOMATED	2/5/2013	1	\$96.00	0305-LAB/HEMATOLOGY	85027 (CPT*)
2021600	HC COMPLETE CBC, AUTOMATED	2/6/2013	1	\$96.00	0305-LAB/HEMATOLOGY	85027 (CPT*)
2021600	HC COMPLETE CBC, AUTOMATED	2/7/2013	1	\$96.00	0305-LAB/HEMATOLOGY	85027 (CPT*)
2021600	HC COMPLETE CBC, AUTOMATED	2/8/2013	1	\$96.00	0305-LAB/HEMATOLOGY	85027 (CPT*)
2021600	HC COMPLETE CBC, AUTOMATED	2/8/2013	1	\$96.00	0305-LAB/HEMATOLOGY	85027 (CPT*)
2021913	HC DECALCIFY TISSUE	2/5/2013	1	\$97.00	0310-PATHOLOGY LAB	88311 (CPT*)
2021910	HC LVL IV-SURG PATH GROSS&MICRSCP XM	2/5/2013	1	\$259.00	0310-PATHOLOGY LAB	88305 (CPT*)
2010000	HC OPERATING ROOM FLAT FEE	2/5/2013	1	\$2,089.40	0360-OR SERVICES	
2022685	HC ANESTHESIA BASE FEE	2/5/2013	1	\$10,026.25	0360-OR SERVICES	
2022685	HC ANESTHESIA PER MINUTE	2/5/2013	125	\$373.07	0370-ANESTHESIA - NON PHYSICIAN RELATED CHARGE	
2022268	HC PT GAIT TRAINING THERAPY GP	2/5/2013	1	\$432.50	0370-ANESTHESIA - NON PHYSICIAN RELATED CHARGE	
2022268	HC PT GAIT TRAINING THERAPY GP	2/6/2013	1	\$262.00	0420-PHYSICAL THERP	97116 (CPT*)
2022268	HC PT GAIT TRAINING THERAPY GP	2/7/2013	1	\$262.00	0420-PHYSICAL THERP	97116 (CPT*)
2022268	HC PT GAIT TRAINING THERAPY GP	2/7/2013	1	\$262.00	0420-PHYSICAL THERP	97116 (CPT*)
2022268	HC PT GAIT TRAINING THERAPY GP	2/8/2013	1	\$262.00	0420-PHYSICAL THERP	97116 (CPT*)
2022282	HC PT THERAPEUTIC ACTIVITIES GP	2/6/2013	1	\$320.00	0420-PHYSICAL THERP	97530 (CPT*)
2022282	HC PT THERAPEUTIC ACTIVITIES GP	2/6/2013	1	\$320.00	0420-PHYSICAL THERP	97530 (CPT*)
2022282	HC PT THERAPEUTIC ACTIVITIES GP	2/7/2013	1	\$320.00	0420-PHYSICAL THERP	97530 (CPT*)
2022282	HC PT THERAPEUTIC ACTIVITIES GP	2/7/2013	1	\$320.00	0420-PHYSICAL THERP	97530 (CPT*)
2022282	HC PT THERAPEUTIC ACTIVITIES GP	2/8/2013	1	\$320.00	0420-PHYSICAL THERP	97530 (CPT*)
2022230	HC PT EVALUATION GP	2/8/2013	1	\$320.00	0420-PHYSICAL THERP	97530 (CPT*)
2022293	HC OT SELF CARE MNGMNT TRAINING GO	2/7/2013	1	\$741.00	0424-PHYS THERP/EVAL	97001 (CPT*)
2022293	HC OT SELF CARE MNGMNT TRAINING GO	2/7/2013	1	\$319.00	0430-OCCUPATION THER	97555 (CPT*)
2022293	HC OT SELF CARE MNGMNT TRAINING GO	2/8/2013	1	\$319.00	0430-OCCUPATION THER	97555 (CPT*)

CHARAP RICHARD
02/05/2013 - 02/08/2013
HARR 1952971

NYU LANGONE MEDICAL CENTER CONFIDENTIAL

PAGE 1

OLINDE FIRM
ATTORNEYS AT LAW

2 Sanctuary Blvd., Suite 205
Mandeville, LA 70471



ATTN: NYU Langone Health Privacy Officer
NYU Langone Orthopedic Hospital
1 Park Ave Floor 3rd
New York NY 10016-5818

NYU Langone Orthopedic Hospital
1 Park Ave Floor 3rd
New York NY 10016-5818



Attn: Kayla Bryant
The Olinde Firm, LLC.
2 Sanctuary Blvd, Suite 205
Mandeville LA 70471-2968

062S-696747559



062S-696747559

